REMARKS/ARGUMENTS

This amendment is submitted in response to the Office action mailed June 29, 2004. The specification has been amended to correct minor grammatical and reference numeral errors, to delete a redundant passage, and to more completely describe the embodiments depicted in the drawings. Claim 38 has been amended. Claims 40-41 have been added to more completely cover certain aspects of the invention.

Claims 1-3, 8, 12-14, 18 and 19 are rejected under 35 U.S.C. 103(a) as being allegedly unpatentable over Wilson, et al. (U.S. Pat. No. 6,569,198) in view of Paskar (U.S. Pat. No. 5,304,131). In particular, the Examiner states that it "would have been obvious to one of ordinary skill in the art at the time of applicant's invention to look to the teachings of Paskar to modify the device of Wilson et al. by including a plurality of slots in the tubular body." Applicant respectfully traverses the rejection.

Wilson describes a prosthetic device, but fails to teach a tubular body having a plurality of traverse slots therein, as recited in claim 1 of the application. The Examiner attempts to overcome this shortcoming by referring to Paskar, which describes a catheter having a tube wall with gaps on one side to form a predetermined region of weakness. Applicant submits, however, that there is no teaching or suggestion in the references to combine features of a prosthetic device with features of a catheter.

In particular, the purpose of Paskar's region of weakness appears to be directed to increasing the steerability of a

catheter. Wilson, however, is directed to a prosthetic device, not to a catheter. Further, as indicated at Col. 6, lines 8-10 of Wilson, the prosthetic device is delivered through a guide catheter. Accordingly, the improvement suggested by the Examiner would more likely be made, if at all, to the Wilson catheter to improve steerability, not to the prosthetic device. The Wilson prosthetic device itself need not have steerability. Accordingly, there is no teaching or suggestion to combine Wilson et al. and Paskar.

In addition, making the combination suggested by the Examiner, i.e., modifying the device of Wilson, et al. by including a plurality of slots in the tubular body, would provide no benefit to the Wilson device. In particular, it appears that the Examiner is suggesting that transverse slots be added along the inner radius of the distal segment 14 of the prosthetic device. If so, however, the modified Wilson device would not operate as indicated in Paskar. Referring to Figs. 2 and 5 of Wilson, actuating control wire 48, in order to shorten the prosthetic device as taught in Wilson (Col. 6, lines 28-33), would result in a pulling force on the **outer** radius of the distal segment 14 (at bearing 44). This would result in the slots being pulled in a direction that would expand them rather than contract them, which is the opposite of the intended effect taught by Paskar. Accordingly, the Paskar gaps will not operate as suggested by the Examiner, i.e., the gaps would not aid in the proper orientation of the Wilson et al. device in the coronary sinus. In order to operate as Paskar teaches, further modifications to the already altered Wilson device would be

necessary. For example, the control wire 48 would need to moved to the inner radius of the distal segment 14 or yet another wire would need to be somehow added and attached to the device at the inner radius to actuate the slots.

Finally, placing slots on the inner radius of the Wilson device would likely cause interference with the coil spring anchoring device 72 which occupies a large area of the distal segment 14. Since the coil spring is wound around this distal segment, having slots on this segment may unintentionally trap or snag the coil, thus interfering with the anchoring function. In view of the above, Applicant respectfully requests that the rejections of claims 1-3, 8, 12-14, 18 and 19 be withdrawn.

Claims 2-3, 8, 12-14, 18 and 19 depend from claim 1. Since claims 2-3, 8, 12-14, 18 and 19 depend from claim 1 and because they contain additional limitations further distinguishing them from the cited art when considered as a whole, these claims are also believed to be patentable.

Claims 20-28, 31 and 32 are rejected under 35 U.S.C. 103(a) as being unpatentable over Vidlund et al. (U.S. Pub. No. 2003/0130731) in view of Alferness et al. (U.S. Pub. No. 2002/0169504). Additionally, claims 29 and 30 are rejected under 35 U.S.C. 103(a) as being allegedly unpatentable over Vidlund et al. in view of Alferness et al., and further in view of Webster, Jr. (U.S. Pat. No. 6,123,699). Applicant respectfully traverses the rejection.

Applicant filed provisional application 60/265,995 on February 1, 2001. This provisional application discloses all of the subject matter claimed in claims 20-32 (see pages 6-15,

FIGs. 1-5). Since the filing date of the provisional application (February 1, 2001) predates the filing date of Vidlund, et al. (January 9, 2002), the Examiner's rejection based on Vidlund, et al. should be withdrawn.

Claims 38 and 39 are rejected under 35 U.S.C. 103(a) as being unpatentable over Webster, Jr. in view of Paskar. Applicant respectfully traverses the rejection.

Claim 38 has been amended to add the following limitation from claim 1: a tubular body "having a proximal end region and a distal end region, each of the proximal and distal end regions dimensioned to reside completely within the vascular system, the elongate body being movable from a first configuration for transluminal delivery to at least a portion of the coronary sinus to a second configuration for remodeling the mitral valve annulus proximate the coronary sinus." As an implant, the device may remain inside a coronary sinus.

Webster, Jr. is one example of many steerable catheters which are designed for performing radio frequency ablation of abnormal electrical pathways in the heart. The device has a tip section 13 having puller wires 31 anchored therein, but the tip section is not an implant. Additionally, since Webster, Jr. describes an ablation catheter and not a heart valve remodeling device, Webster, Jr. does not teach or suggest a device having a first configuration for transluminal delivery to at least a portion of the coronary sinus or having a second configuration for remodeling the mitral valve annulus. Accordingly, it is believed that claim 38 is patentable over the cited references.

Claim 39 depends from claim 38. Since claim 39 depends from claim 38 and because it contains additional limitations further distinguishing it from the prior art when considered as a whole, this claim is also believed to be patentable.

In view of the above, Applicant respectfully requests reconsideration of the application and the allowance of claims 1-3, 8, 11-14, 17-32, 38 and 39.

Respectfully submitted,

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